

Exhibit “B”

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA

GATEHOUSE STATION SQUARE, L.P.
Plaintiff,

v.

STATE AUTO PROPERTY & CASUALTY
INSURANCE COMPANY,
Defendant.

CIVIL DIVISION

No. GD-21-001899

ENTRY OF APPEARANCE

**Filed on behalf of Defendant:
State Auto Property & Casualty
Insurance Company**

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania:

Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

s/William Krekstein
William Krekstein, Esquire

Counsel of Record for this Party:

William Krekstein, Esquire
Pa. Id. No.: 69149

TIMONEY KNOX, LLP
400 Maryland Drive
Fort Washington, PA 19304
215-646-6000
215-646-0379 (fax)
wkrekstein@timoneyknox.com

TIMONEY KNOX, LLP

By: William Krekstein, Esquire

Pa. Id. No.: 69149

400 Maryland Drive

Fort Washington, PA 19304

215-646-6000

215-646-0379 (fax)

wkrekstein@timoneyknox.com

Attorneys for Defendant

GATEHOUSE STATION SQUARE, L.P.

Plaintiff,

v.

STATE AUTO PROPERTY & CASUALTY
INSURANCE COMPANY,

Defendant.

COURT OF COMMON PLEAS OF
ALLEGHENY COUNTY

NO. GD-21-001899

ENTRY OF APPEARANCES

TO THE PROTHONOTARY:

Please enter the appearances of William Krekstein on behalf of Defendant, in the above-captioned matter.

TIMONEY KNOX, LLP

Dated: March 15, 2021

By: s/William Krekstein
William Krekstein, Esquire

TIMONEY KNOX, LLP

By: William Krekstein, Esquire

Pa. Id. No.: 69149

400 Maryland Drive

Fort Washington, PA 19304

215-646-6000

215-646-0379 (fax)

wkrekstein@timoneyknox.com

Attorneys for Defendant

GATEHOUSE STATION SQUARE, L.P.

Plaintiff,

v.

STATE AUTO PROPERTY & CASUALTY
INSURANCE COMPANY,

Defendant.

COURT OF COMMON PLEAS OF
ALLEGHENY COUNTY

NO. GD-21-001899

CERTIFICATE OF SERVICE

I, William Krekstein, Esquire, do hereby certify that I caused to be served a true and correct copy of the foregoing Entry of Appearance via email upon the following:

Matththew L. Kurzweg, Esquire
Kurzweg Low Offices
525 William Penn Place 28th Floor
Pittsburgh PA 15219
mkurzweg@kurzweglaw.com

TIMONEY KNOX, LLP

Dated: March 15, 2021

By: s/William Krekstein
William Krekstein, Esquire

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA

GATEHOUSE STATION SQUARE, L.P.,

CIVIL DIVISION

Plaintiff,

v.

No. GD 21-001899

STATE AUTO PROPERTY & CASUALTY
INSURANCE COMPANY,

Defendants.

AFFIDAVIT OF SERVICE

Filed on Behalf of Plaintiff Gatehouse
Station Square, L.P.

Counsel of Record for this Party:

Matthew L. Kurzweg, Esquire
PA.ID. #76462

Kurzweg Law Offices
525 William Penn Place
28th Floor
Pittsburgh, PA 15219
Phone: (412) 258-2223
Fax: (412) 774-3001
Mkurzweg@kurzweglaw.com

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
CIVIL DIVISION

GATEHOUSE STATION SQUARE, L.P.,)	
)	
Plaintiff,)	
)	No. GD 21-001899
v.)	
)	
STATE AUTO PROPERTY & CASUALTY)	
INSURANCE COMPANY,)	
)	
Defendant.)	

AFFIDAVIT OF SERVICE

I, Matthew L. Kurzweg, counsel for Plaintiff Gatehouse Station Square, L.P., depose and say that I caused to be served a true and correct copy of the Complaint filed in the above-captioned matter to be served upon Defendant State Auto Property and Casualty Insurance Company located at 518 East Broad Street, Columbus, Ohio, 43215, by U.S. certified mail, restricted delivery, return receipt requested. Attached hereto is the return receipt, evidencing receipt of the same on March 11, 2021.

I understand that false statements herein are subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Respectfully Submitted,

/s/ Matthew L. Kurzweg
Matthew L. Kurzweg, Esquire
PA.ID. #76462

Kurzweg Law Offices
525 William Penn Place
28th Floor
Pittsburgh, PA 15219
Phone: (412) 258-2223
Fax: (412) 774-3001
Mkurzweg@kurzweglaw.com

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Columbus, OH 43215

OFFICIAL USE

Certified Mail Fee \$ **2.85**

Extra Services & Fees (check box, add fee as indicated)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 9.15
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00

Postage \$ **0.75**

Total Postage and Fees \$ **12.75**

0071
24

Postmark
Here

03/08/2021

Sent To: **State Auto Property and Casualty Ins. Co.**
Street and Apt. No. or P.O. Box: **518 East Broad Street**
City, State, ZIP+4®: **Columbus, OH 43215**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
State Auto Property and Casualty Ins. Co.
518 East Broad Street
Columbus, OH 43215

9590 9402 5518 9249 4864 98

2. Article Number (Transfer from service label)
7019 0700 0000 8267 9129

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Wanda B...**

C. Date of Delivery **3-11-21**

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

MAR 11 2021

3. Service Type **43215**

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

CERTIFICATE OF SERVICE

I, the undersigned counsel for Plaintiff, hereby certify that I caused a true and correct copy of the foregoing Affidavit of Service to be served upon counsel of record for Defendant on the 17th day of March, 2021 by via email, as follows:

William Krekstein, Esquire
TIMONEY KNOX, LLP
400 Maryland Drive
Fort Washington, PA 19304
wkrekstein@timoneyknox.com

Respectfully submitted,

/s/ Matthew L. Kurzweg
Matthew L. Kurzweg, Esq.
Pa.I.D. 76462
Attorney for Plaintiff

Kurzweg Law Offices
525 William Penn Place
28th Floor
Pittsburgh, PA 15219
(412) 258-2223
(412) 774-3001 (Fax)
Mkurzweg@kurzweglaw.com